

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10772645**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15	X					
16	X					
17	X					
18	X					
19	X					
20	X					
21	X					
22	X					
23	X					
24	X					
25	X					
26	X					
27	X					
28	X					
29	X					
30	X					
31	X					
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
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42		/				
43		/				
44		/				
45		/				
46	/					
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51		/										
52		/										
53		/										
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96												
97												
98												
99												
100												
TOTAL IND.	3		↓		↓		↓		↓		↓	
TOTAL DEP.	37		←		←		←		←		←	
TOTAL CLAIMS	40											